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ABSTRACT

While a number of factors influencing the adjustment of family members following divorce have been studied, the relationship of the child's gender to the custodial mother's adjustment has not received much systematic attention. This study examined the relationship between gender of the eldest child and self-reported psychopathology of the custodial mother in a sample of 90 divorced or separated families. Groups included 38 families referred for outpatient treatment of a child between the ages of 6 and 10 and a comparison group of 52 well-functioning families screened for the absence of child psychopathology. The results indicated that, compared to the mothers in the well-functioning families, mothers of clinic children evidenced significantly greater global psychological distress and symptomatology as well as greater depression and anxiety. Contrary to expectation, mothers of boys had no more adjustment difficulties as a whole than did mothers of girls. However, mothers of clinic-referred girls evidenced greater severity of symptoms than did mothers of clinic-referred boys and mothers of nonclinic children. (Author/NB)

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Child Gender and Mothers' Adjustment in Clinic and Nonclinic Single-Parent Families

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Abstract

This study examined the relationship between gender of the eldest child and self-reported psychopathology of the custodial mother in a sample of 90 divorced or separated families. Groups included 38 families referred for outpatient treatment of a 6-10 year old child and a comparison group of 52 well-functioning families screened for the absence of child psychopathology. Results indicated mothers of clinic children evidenced significantly greater global psychological distress and symptomatology as well as greater depression and anxiety. Contrary to expectation, mothers of boys had no more adjustment difficulties as a whole than those of girls. However, mothers of clinic-referred girls evidenced greater severity of symptoms than mothers of clinic boys and those of nonclinic children.

Child Gender and Mothers' Adjustment in Clinic and Nonclinic Single-Parent Families

There is considerable literature on factors influencing the adjustment of family members following divorce. A number of specific variables have been shown to affect the child's functioning including the relationship with the non-custodial father, the child's social network, and interaction patterns involving the child and custodial mother (Ahrons, 1983; Hetherington, Cox & Cox, 1978; Huntley, Phelps & Rehm, 1986; Phelps & Slater, 1985). Regarding the single mother, the quality of the social support network, changes in family socioeconomic status, the stress of the divorce itself and the number of children have a significant bearing on her functioning (Forehand, Fauber, Long, Brady & Slotkin, 1987; Pett, 1982; Weiss, 1975).

One factor which has not received as much systematic attention, however, is the relationship of the child's gender to the custodial mother's adjustment. This is not the case regarding the child's gender and his or her own adjustment. Several studies have found, for example, that boys evidence greater disturbance in social, emotional and academic functioning than do girls following the breakup of the family (Hetherington, 1972, 1979; Hetherington et al., 1978;

Huntley et al.,1986; Kurdek, 1987). Moreover, girls continue to fare better than boys as long as six years following the divorce (Guidubaldi, Perry & Nastasi, 1987; Hetherington, Cox & Cox, 1985).

Numerous studies of one-parent families have also indicated that the child's adjustment clearly impacts that of the custodial parent (Forehand et al., 1987; Kurdek, 1987; Huntley et al., 1986). Given the greater difficulty of boys in these families, mothers of sons might therefore be expected to experience more psychological disturbance than those of daughters.

There is some support for this hypothesis. Hetherington, Cox and Cox (1978) and Colletta (1978) found that mothers of sons do report feeling more stress and depression than mothers of daughters. In the present study this relationship between the child's gender and the custodial parent's adjustment was examined further in a sample of mother-headed divorced or separated families. Only eldest children were included to control for birth order effects. Also, unlike previous research which studied families from the more general one-parent population, two specific groups were recruited, a clinic-referred and a nonclinic group.

Method

Subjects

A total of 90 mother-headed divorced or separated families participated in the study. Thirty-eight families referred to an outpatient mental health clinic for treatment of the 6-10 year old eldest child comprised the clinic sample. Fifty-two families recruited through media ads and screened for the absence of psychopathology in the same-aged children comprised a comparison group. The target child was the eldest in every case to control for birth order effects. The clinic sample contained 24 boys and 14 girls. The nonclinic sample consisted of 23 boys and 29 girls.

In all cases the mother was the custodial parent and was the only adult living in the home. Chi-square analyses revealed no significant differences in racial composition of the two groups, with the clinic sample composed of 55% white, 30% black and 15% other families, and the nonclinic group composed of 64% white, 26% black and 10% other families.

Other characteristics of the two groups are displayed in Table 1. As can be seen, groups were evenly matched with respect to the amount of time since the parents' final separation, and ages of the child and mother. There was a marginally significant difference in mother's education favoring nonclinic mothers. Nonclinic mothers had

significantly higher income levels and fewer children than clinic mothers.

Insert Table 1 about here

Procedure

Mothers of eldest children recruited through the media and those referred from an outpatient clinic at admission for treatment of the child completed the Revised Behavior Problem Checklist (RBPC; Quay & Peterson, 1983) for each child in the family. To be included in the nonclinic sample, none of the media-recruited family members including the mother could be in treatment. Families in which any child had clinical elevations on one or more RBPC subscale scores (Quay & Peterson, 1983) were also excluded. The highly significant difference between clinic and nonclinic RBPC total scores reported in Table 1 is thus a result of this screening procedure.

Mothers in the two samples also completed a demographic questionnaire and a 90 item self-report measure of their own current functioning, the Symptom Checklist-90 (SCL-90). The SCL-90 was developed to assess psychiatric symptomatology in outpatients and has well-established psychometric properties (Derogatis, Rickels & Rock, 1976).

Four measures from the SCL-90 were employed as dependent variables in subsequent analyses. Two global

scores were included, the general symptom index (mean number of symptoms endorsed) and the positive symptom distress level (mean severity of symptoms). Also employed were scores from the anxiety and depression subscales.

Results

Means and standard deviations for the child's RBPC total score and mothers' SCL-90 measures are reported in Tables 2 and 3, respectively.

Insert Tables 2 and 3 about here

All variables were analyzed using a 2 x 2 ANOVA with group (clinic vs nonclinic) and gender of child as factors. Analysis of RPBC total scores yielded a significant group effect as expected given this variable's role in determining group membership ($F(1,56)=156.4$; $p=.000$), indicating greater psychopathology for clinic children. No significant differences were noted for the gender effect or group by gender interaction, however.

A similar pattern of findings was apparent for the mother's mean symptom index of the SCL-90. The main effect for group membership was highly significant in favor of more

symptomology in clinic mothers ($F(1,84)=30.7$; $p=.000$). No effects for gender of child or the interaction were present.

A significant main effect for group was also present for the other global SCL-90 score, mean symptom severity. Mothers of clinic children were significantly more distressed than nonclinc mothers ($F(1,84)=9.2$; $p=.003$). The gender main effect was not significant. However, the group by gender interaction was significant ($F(1,84)=8.3$;$p=.005$). Mothers of clinic referred daughters were significantly more distressed than other groups.

Analyses of the depression and anxiety subscale scores of the SCL-90 yielded non-significant effects for gender and for the group by gender interactions. A main effect for group was present in each case (depression, $F(1,86)=11.3$;$p=.001$ and anxiety, $F(1,85)=10.4$;$p=.002$). For both variables higher scores were associated with clinic membership.

Given the significant differences between groups on the demographic variables monthly income and number of children, additional 2 x 2 ANOVAs were performed for each measure employing these variables as covariates. For each measure the pattern of results with these demographic factors statistically controlled was unchanged. Similarly, ANCOVA's for all measures controlling for length of time since the separation, a variable reported to significantly impact adjustment (Hetherington et al., 1978), yielded no change in the pattern of results.

Discussion

Elsewhere, Phelps has reported that, as with intact families, numerous differences exist between one-parent families with a problem child and those without a problem child regarding parent-child communications, social networks, and sequenced patterns of interaction (Phelps, Huntley, Valdes & Tompson, 1987; Phelps & Slater, 1985). The present study extends those findings to the self-reported adjustment of custodial mothers. On measures of global symptomatology, severity of symptoms, depression and anxiety, mothers of clinic referred children were clearly more distressed than those of well-functioning nonclinic children. Moreover, these differences were not attributable to factors shown by previous research to impact the parent's adjustment such as the number of children, family income or length of time since the marital breakup.

That there were no main effects of child gender for the either child or parent adjustment measures was somewhat surprising in view of the frequently reported finding that boys have greater difficulty than girls following divorce (Hetherington et al., 1978; Kurdek, 1987). On the other hand, some studies have not found gender differences in child adjustment (Issacs, Leon & Donohue, 1987: (Kurdek, Blisk & Siesky, 1981), particularly when the length of time since the breakup was longer than two years. The average time since separation was approximately four years in this sample, which is similar to the time period in the

Kurdek et al. (1981) report of no differences and in Wallerstein and Kelly's (1980) five-year follow-up indicating minimal gender effects. Thus, it may be that for both the clinic and nonclinic samples, any initial adjustment differences between boys and girls were attenuated by the passage of time.

Even more unexpected was the finding in the opposite direction than originally hypothesized that mothers of clinic girls were more severely distressed than mothers of clinic boys. Given than child ratings on the RBPC indicated no differences between levels of adjustment for clinic boys and clinic girls, it would appear that there would at least be no differences in their mothers' adjustment.

An obvious question arises as to whether these distress differences vary a function of differential contact by the mother with the child's noncustodial father. Supplementary analyses were conducted in which frequency of contact between the parents was treated as a covariate. Results indicated that the severity finding continued to hold for mothers of clinic daughters. This analysis revealed as well that mothers of clinic daughters reported a significantly greater number of symptoms when exspouse contact was controlled. Apparently contact with the spouse is not a causal factor in the present findings.

Kurdek (1987) has pointed out that mother-report measures of her own adjustment and that of her children tend to be significantly correlated in one-parent samples. Thus,

maternal adjustment appears to color perceptions by the mother of the adjustment of her children, and vice versa.

Since the adjustment measures in the current study were mother-derived it may be that mothers' self assessments are less reactive to their judgements of the clinic child's problems when that child is a son. Perhaps the discipline and control problems presented by boys, while distressing, are of lesser concern to their mothers than the problems of girls, since such behaviors are more gender stereotypical. Similar levels of behavior problems by daughter may be perceived as more distressing since they are less gender typical.

The current findings should be explored in future research. If replicated, attention should be given to exploring the mechanisms of effect. While it may be that the present results are a function of different attributions alone about the child's behavior, another area for exploration is possible differences in the actual interactions between mothers and their clinic children which are gender specific.

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Table 1

Characteristics of Clinic and Nonclinic Families

	Nonclinic (n=52)		Clinic (n=38)			
Variable	M	SD	M	SD	t	p
Child's age	7.7	1.5	8.2	1.2	-1.38	.170
Mother's age	32.6	5.0	31.5	4.8	1.03	.305
Mother's education	14.2	2.1	13.3	2.2	1.94	.056
Monthly income(thousands)	1.5	0.7	0.9	0.7	3.97	.001
Children	1.5	0.7	1.9	1.1	-2.42	.017
Months since separation	48.7	31.2	43.1	28.8	0.87	.387
Child RBPC[a]	15.4	9.8	60.3	22.5	-12.83	.001

[a] Total score on Revised Behavior Problem Checklist

Table 2

Eldest Child's Total RBPC Score as a Function of Gender and Clinic Status

Gender	Nonclinic (n=52)		Clinic (n=38)	
	M	SD	M	SD
Male	14.00	10.12	61.79	21.40
Female	16.45	9.66	57.79	24.97

Table 3

Mother's SCL-90 Scores as a Function of Child Gender and Clinic Status

SCL-90 Variable	Nonclinic				Clinic			
	Boys (n=23)		Girls (n=29)		Boys (n=24)		Girls (n=14)	
	M	SD	M	SD	M	SD	M	SD
Symptom index	.87	.56	.75	.44	1.44	.62	1.74	.95
Severity of distress	1.50	.58	1.34	.57	1.56	.64	2.22	.87
Depression scale	1.03	.63	.93	.73	1.83	1.89	1.90	1.22
Anxiety Scale	.67	.48	.62	.48	1.01	.52	1.11	.93